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REDUCING PSYCHIATRIC DISCHARGES TO HOMELESSNESS

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In London, Ontario, discharges from psychiatric wards to shelters or NFA occurred 194 times per year. This discovery led to the creation of a pilot project that provided immediate access to a housing advocate and changed normal policies related to housing and start-up fees for a select group of income support recipients. The intervention was successful; seven participants who received this additional assistance were still housed six months later, whereas 6 of 7 who received usual care were still homeless.

The goal of the current study was to determine the strengths and areas for improvement of a method to prevent discharge from hospital to NFA and suggest improvements in preparation for wider implementation.

Phase 2: intervention to all acute psychiatric patients within a general hospital.

Phase 3: intervention to all patients within a specialized tertiary care psychiatric hospital.

Intervention included on-ward access to a housing advocate and income support staff which was facilitated through computer linkages to housing and income databases.

Findings revealed the success of the intervention across both acute and tertiary sites. All hypotheses were supported: the rate of discharge to homelessness decreased; those accessing the service were poor; and the cost savings from the program exceeded the cost of implementation. Advantages of the approach included: accessibility and convenience of services on site, positive influence on overall treatment plan and feelings of independence and support. Results reveal the positive influence a cross-sectoral approach has on preventing discharge from psychiatric wards to the streets and shelters.